Utah DHS-DSPD 1/00

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

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PERSONAL ASSISTANCE CRITICAL NEEDS ASSESSMENT

check one: Initial Assessment []	Petitioned Assessment []			
Person's Name:	Date:			
ID Number:				
Does this person have the cognitive ability to self-direct a person				
Desired / Needed Services: Attendant Personal Response System Consumer Preparation Support Coordination	Diagnosed Conditions: (check all that apply) Physical Disability Cause Date of Onset			
Supports Currently Received: Home Health/CNA: Medication Management: Residential: Other:	Paraplegia Cerebral Palsy MS Neurological Mental Illness Deafness Blind Other			
1. Support System: (Score range 0 to 7)				
Describe the composition of natural supports provided by family and friends. Does the person live with parents? Are the person's parents elderly? Do other individuals with special needs live at home? How is the health of the primary care giver? Does the person receive SSI, Medicaid, Housing Assistance? Does the person enjoy financial stability, hold a job, etc?				
2. Special Medical Needs: (0 to 10 points) Assess the person's physical health, are there problems'	? What medications does the person take? What special			
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5. Resources/Support	s Needed: (0 to 10 points)				
Considering all supports/resources currently available to the person (e.g., other agencies, church, friends, community, family, school, etc.) what further supports does the person need?					
6. Functional Status:	(0 to 45 points)				

Rate each functional activity listed below using the rating scale on the right, then determine the approximate hours of personal support per week the person will need using the total score and the Personal Assistance Hours Needed chart.

FUNCTIONAL STATUS/ACTIVITY		RATI		Ĭ
1. In/out of bed	0 3	1	2	
2. In/out of chair	0 3	1	2	
3. Toileting	0 3	1	2	
4. Bathe and groom	0 3	1	2	
5. Dress/undress	0 3	1	2	
6. Drink/eat	0 3	1	2	
7. Take medication	0 3	1	2	
8. Mobility in home	0 3	1	2	
9. Use telephone	0 3	1	2	
10. Prepare meals	0 3	1	2	
11. Dishes, clean, laundry	0 3	1	2	
12. Admit visitors	0 3	1	2	
13. Manage finances/mail	0 3	1	2	
14. Socialize	0 3	1	2	
15. Communicate	0 3	1	2	
SCORE	ТО	TAL		

RATING

0 = Independent with or without mechanical devices

1 =Minimal assistance

2 = Moderate assistance

3 = Cannot accomplish

Estimated Weekly Personal Assistance Hours

7. Time on Waiting List:

PERSONAL ASSISTANT HOURS NEEDED			
Hours/Week	Total Score Level of Need		
36 or more	36 - 45	Intense assistance	
28 to 35	27 - 35	Moderate assistance	
14 to 27	18 - 26	Minimal assistance	

Total the length of time the person has been on the waiting list from the date the application was received (1 point for every ½ year, up to 10 points maximum).

TOTAL SCORE (100 points possible)

(0 to 10 points)